# Argos Therapeutics, Inc.

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# **FACSIMILE TRANSMISSION**

To:	USPTO	From: E	Elaine Sale				
Fax#	703-872-9306	Pages: 11		(Incl. cover)			
Ph#			Date: Ju	ne 23, 2005			
Re:	Re: US 10/047,072 (Atty Docket: MER011CT)			CC:			
_ Urgent	Per your request	┌ For review	Г Please с	omment	☐ Reply requested		

- Comments: Response to Office Action
- Fax cover sheet (1 page)
- Amendment Transmittal Form (2 pages)
- Amendment (8 pages)

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Attorney Docket No.: MER011CT

## PATENT

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Steinman et al. Application No.: 10/047,072

Filed: January 15, 2002

Group Art Unit: 1644
Confirmation No.: 7452
Examiner: Gerald R. Ewoldt

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For: Method and Compositions for Obtaining Mature Dendritic Cells

JUN 2 3 2005

Date: June 23, 2005

Via Facsimile to: 703-872-9306 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

Applicant claims small entity status. See 37 CFR §1.27.

No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	<u>OR</u> RATE	ADDIT. FEE
Total	9	20	= 0	x 25=	\$0	x 50=	\$0
Indep	1	3	= 0	x100=	\$0	x 200=	\$0
_	ST PRESENTA . CLAIM	ATION OF MU	JLTIPLE	+180=	\$ 0	+360=	\$0
				Total Add. Fe	e \$ 0	OR Total	\$0

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Appli	ney Docket No.: MER011CT ication No.: 10/047,072 : January 15, 2002 2					
	Please charge my Deposit Account No. 50-3187 in the amount of \$					
	A check in the amount \$ to cover is enclosed.					
	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3187.  Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.  Any patent application processing fees under 37 C.F.R. § 1.17.  Respectfully submitted,  Elaine Sale, Ph.D., J.D. Registration No. 41,286					
4233 Durha Tel: (	s Therapeutics, Inc. Technology Drive am, NC 27704-2173 919) 287-6300 (919) 287-6301					

I hereby certify that this correspondence is being facsimile transmitted to the United States Postal Service Patent Technology Center 1600 (Fax Number: 703-872-9306) on June 23, 2005.

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

10/047,072

Art Unit:

1644

Applicant:

Steinman et al.

Examiner:

G. R. Ewoldt

Date Filed:

January 15, 2002

Conf. No.

7452

Docket No.

MER011CT

Cust. No.

43852

Title:

METHOD AND COMPOSITIONS FOR OBTAINING MATURE

DENDRITIC CELLS

\*

### **CERTIFICATION UNDER 37 CFR § 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306) on the date set forth below.

June 23, 2005

Date of Signature and Facsimile

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT UNDER 37 C.F.R. §1.111

Dear Sir:

In response to the Office Action dated March 23, 2005 (hereinafter "Office Action"), please reconsider the above-identified application (hereinafter "Application") in light of the following remarks:

Listing of the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.